

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall

Waterbury VT 05671-2306 http://www.dail.vermont.gov

Voice/TTY (802) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

March 25, 2010

Ms. Jean Fornwalt, Administrator Merry Meadow Farm, Inc-Bradford House 996 Lower Plain Bradford, VT 05033

Dear Ms. Fornwalt:

Enclosed is a copy of your acceptable plans of correction for the annual survey conducted on **February 8, 2010.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Suzanne Leavitt, RN, MS

Licensing Chief



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Division	of Licensing and Pro	otection			· · · · · · · · · · · · · · · · · · ·	,		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN B. WING _		- <u>√R</u> 9	(X3) DATE S COMPL		
		0254	CTREET AD	DDESS CITY	STATE, ZIP CODE		02/0	16/2010
	PROVIDER OR SUPPLIER MEADOW FARM, INC	S-BRADFORD HOI	ER PLAIN RD, VT 050					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHO THE APPR	ULD BE	(X5) COMPLETE DATE
R100	2 Initial Comments:			R100		64 me.	official plants as	
	An unannounced li 2/8/2010.	censing survey was	conducted					
R161 SS=E		RE AND HOME SER	VICES	R161	L	MAR 2	3 2010	
	5.10 Medication	n Management						
	for ensuring that all according to the ho	5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures.						
	This REQUIREMENT is not met as evidenced by: Based on observation and interview, medications were not handled according to the home's policies for 6 applicable residents (Resident #1, #2, #3, #4, #5 and #6). Findings include:				02/09/10			
	1) Per observation of the Noon medication delivery on 2/8/2010 for 6 applicable residents, the employee responsible for dispensing medications popped out each medication into the hand of the resident after assuring that the resident was aware of the specific medication taken and the reason for taking the medication. Per interview at 2:48 PM, that afternoon, the employee stated that the medication card should have been handed to the resident to dispense independently and that the employee had distributed in the observed manner to 'save time'. That afternoon the Manager confirmed that facility policy is to offer the medication cared to each resident to 'pop' out medications for themselves.				All staff and House have in the proformedical I will con reviews of a person's Kingle of Policies are policies are poc accepted as a poc a	bea her duct each of o	n re- proced mana tima stor adae writed	trained dure rement and prop edication
	Licensing and Protection	Ja J	YYYY) (TURE	Man. TITLE	- C.ha	10mg/6	(X6) DATE 22/10

STATE FORM

DIVISION	of Licensing and Pro	plection					·
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		0254		B. WING _	R^M	9	²⁰¹⁰ 02/08/2010
NAME OF D	ROVIDER OR SUPPLIER	0234	STREET ADD	I DRESS_CITY	STATE, ZIP CODE		02/03/2010
	MEADOW FARM, INC	BRADFORD HOL	996 LOWE BRADFOR	R PLAIN			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHO	ULD BE COMPLETE
R179	Continued From pa	nge 1		R179			
R179 SS=F	R179 V. RESIDENT CARE AND HOME SERVICES SS=F			R179		-	
	5.11 Staff Services				•		
	5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:				MAR 2	2 3	
	(1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility did not assure that staff received required annual in-service education. Findings include: 1) Per record review with the facility manager on 2/8/2010 at 1:58 PM, none of 5 staff reviewed had received required annual training in Resident Rights, Fire Safety, Emergency Response / First Aid, Respectful and Effective Communication,				In-service tro now be condi- first friday of Covering all re On feb 12, 2010 with all staff was held to r rights. RITA 3-25-2010 POC accepted a	5000 E1	every month uned training on inservice n attendance new residen

Division of Licensing and Protection STATE FORM

Jean Fornwald, Mgs. 000011 3/20/10

If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0254			(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION G MAN	(X3) DATE SURVEY COMPLETED 2010 02/08/2010	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	STATE, ZIP CODE	
MERRY I	MEADOW FARM, INC	-BRADFORD HOI	996 LOWE BRADFOR	R PLAIN D, VT 0503	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETE
R179	Continued From pa	age 2		R179		į
	 2 of 5 staff had no training about Abus Infection Control. 	and Supervision. Acrecord that they had se / Neglect / Exploit lone of the 5 staff mixed the annually required ducation.	received ation and embers		MAR 2	3 2010
R181 SS=D	V. RESIDENT CAF	RE AND HOME SER	VICES	R181		
	5.11 Staff Services), in the second of
	person who has had or exploitation substantial as defined in 33 V. one who has been actions related to be funds or property, public welfare, in a or outside of the S shall apply to the noregardless of whet licensee or not. The reasonable steps to including, but not licensee or not including, but not licensee if prospective registry or have a step of the step of th	see shall not have on a da a charge of abuse stantiated against hir S.A. Chapters 49 and convicted of an offe codily injury, theft or not other crimes iniming jurisdiction wheth tate of Vermont. This manager of the home her the manager is the licensee shall take to comply with this remited to, obtaining a land work references sion of Licensing and dance with 33 V.S.A employees are on the record of convictions and the standard convictions and the standard convictions are standard convictions. The standard convictions are standard convictions and the standard convictions are standard convictions. The standard convictions are standard convictions are standard convictions and the standard convictions are standard convictions. The standard convictions are standard convictions are standard convictions are standard convictions.	e, neglect m or her, id 69, or nse for misuse of cal to the her within s provision e as well, he e all equirement, and s and d a. §6911 to e abuse d the facility aff is not Registry.		All perspective en forms for abus and explotation to VT. Dept. of Protection. If a response I within three (3) the director will necessary follow attain the requirement of the contraction of the contrac	Licensing of S not received business days do that who has who has who has who has a licensing to the

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Jear Farnward, 0000119. 3/22/10

If continuation sheet 3 of 4

STATEMENT	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI		(X3) DATE SURVEY COMPLETED
		0254		B. WING _	e Had	2010 02/08/2010
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY,	STATE, ZIP CODE	
MERRY MEADOW FARM, INC-BRADFORD HOI 996 LOWE BRADFOR					33	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETE
R181	Continued From pa	age 3		R181		
:	Manager, the facility person, hired 11/20	at afternoon by the fa ty currently employs 009, for whom an Ad s not been completed	1 staff ult Abuse			
R302 SS=D	IX. PHYSICAL PLA	ANT		R302		
	9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the				MAR 2	
	documented. This REQUIREME by: Based on record re	ting staff members s NT is not met as eviceview and interview, and interview, and interview, and interview, and include:	idenced the facility		I will now be conduct fire d all required + drills will include two during night	imes ; our ade at least htime hours
	conducted during a evening hours. The time fire drills. Dur manager confirme	ew on 2/8/2010, fire d morning, afternoon a ere was no evidence ing interview at 1:33 d that no fire drills ha n the hours of 8:35 F	nd of night PM, the ad been		On Feb. 27, 2016 and documented at 11:45 pm. R302 2-25-2010 Puc accepted on w C. Lan	a fire drill al9/10

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Jear Farnwalt, Mgs. 3/22/10

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